10/768778

Application or Docket Number

PATERT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

017761-00190005

Effective October 1, 2003								1017.161 007000					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TO	TAL CLAIMS		35					RATE	FEE		RATE	FEE ·	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	basiç fee	770.00	
TOTAL CHARGEABLE CLAIMS			35 minus 20+		- 15			X\$ 9-	135	OR	X\$18=		
INO	EPENDENT C	AIMS	Y minus 3 .		• 1		100	X43=	47	OR	X86=		
MULTIPLE DEPENDENT CLAIM PRESENT							, i	+145=		OR	-290 ₌		
• If the difference in column 1 is less than zero, enter "0"					-0" in c	column 2		TOTAL	563	OR	TOTAL		
CLAIMS AS AMENDED - PART II								SMALL		OA	OTHER		
	(Column 1) (Column 2) (Column 3) CLAMS HIGHEST								ADDI-			ADDI-	
AMENDMENT A	10-605	REMAINING AFTER			DUSLY	PRESENT		RATE	TIONAL FEE		RATE	TIONAL FEE	
DME	Total	.33	Minus	-30	<u> </u>	G .	Y	XS 9=		OR	XS18=	1	
MEN	independent	. 4	Minus y		(/		X43*		OR	X86=/		
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	7	OR	+290=		
								TOTAL		OR	TOTAL ADDIT, FEE		
1	2/2/106	(Column 1)		(Colur	mn 21	(Column 3)		ADDIT. FEE			AUUII, PEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENIDMENT		MIGH NUM PREVI PAID	EST BEA DUSLY	PRESENT EXTRA		PATE	ADDI, TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	.32	Minus	-3	5	. 0] [XS 9=	/.	OR	X\$18=		
	tnoependent	• 4	Minus		Ł	1.0		X43=/		OR	X85=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	•	
								ADDIT, FEE		OR	ADDIT. FEE		
	918/6	(Column 1)		(Colu		(Column 3)	_						
NTC	•/ .	CLAIMS REMAINING AFTER AMENIOMENT		HIGH NUM PREVE PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENTC	Total	. 27	Minus	-3	رچ	•		X\$ 9=		OR	X318=		
	Independent	. 8	Minus		<i>/</i> ·	1.4	┨┃	X	400.0	OR	X86≈		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						١	+145=	755	ОЯ	+290=		
• !	il the entry in cate	mn 1 is less than t	entry i	n column 2, write	Tin co	April 3. ·	. !	TOTAL	400.00	OR	TOTAL		
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 2, enter "2." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

PZIRTI AND TOXONIAN CHICK, U.S. DEPARTMENT OF COMMERCE

FORM PTO-675 (Rev 1003)

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